1. The TSANZ produces two types of documents:

1.1. Clinical practice guidelines

Clinical Practice Guidelines are documents that foster best clinical practice and promote consistency and equity of health care in Australia and New Zealand. These guidelines should be based on the systematic identification and synthesis of the best available scientific evidence.

Guidelines are the only TSANZ documents in which recommendations for clinical practice can be made. Recommendations can be made because the rigorous process underpinning a clinical practice guideline allows the Society to be confident that the recommendations are robust and underpinned by sufficient evidence to guide clinical practice.

Where relevant, TSANZ supports collaboration on guideline development with other peak national and/or international professional organisations. Ideally, arrangements regarding collaboration should be in place prior to commencing guideline development.

TSANZ guidelines should aspire to meet the requirements of the peak national bodies in Australia and New Zealand, such as the National Health and Medical Research Committee (NHMRC updated 2016).

Guidelines developed should follow the 2016 NHMRC Standards for Guidelines:

<table>
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<tr>
<th>To be relevant and useful for decision making guidelines will:</th>
<th>- Address a health issue of importance</th>
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<tbody>
<tr>
<td></td>
<td>- Clearly state the purpose of the guideline and the context in which it will be applied</td>
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<td>- Be informed by public consultation</td>
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<td>- Be feasible to implement.</td>
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<tr>
<th>To be transparent guidelines will make publicly available:</th>
<th>- The details of all processes and procedures used to develop the guideline</th>
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<td>- The source evidence</td>
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<td>- The declarations of interest of members of the guideline development group and information</td>
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<td>PUBLICATIONS POLICY</td>
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<tr>
<td><strong>The guideline development group will:</strong></td>
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<tr>
<td>- Be composed of an appropriate mix of expertise and experience, including relevant end users</td>
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<td>- Have clearly defined, documented processes for reaching consensus.</td>
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| **To identify and manage conflicts of interest guideline developers will:** |
| - Require all interests of all guideline development group members to be declared |
| - Establish a process for determining if a declared interest represents a conflict of interest, and how a conflict of interest will be managed. |

| **To be focused on health and related outcomes guidelines will:** |
| - Be developed around explicitly defined clinical or public health questions |
| - Address outcomes that are relevant to the guideline’s expected end users |
| - Clearly define the outcomes considered to be important to the person/s who will be affected by the decision, and prioritise these outcomes. |

| **To be evidence informed guidelines will:** |
| - Be informed by well conducted systematic reviews |
| - Consider the body of evidence for each outcome (including the quality of that evidence) and other factors that influence the process of making recommendations including benefits and harms, values and preferences, resource use and acceptability. |
| - Be subjected to appropriate peer review. |

| **To make actionable recommendations guidelines will:** |
| - Discuss the options for action |
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<table>
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<th>To be up-to-date guidelines will:</th>
<th>To be accessible guidelines will:</th>
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</table>
| - Ensure that the recommendation is based on an up-to-date body of evidence
  - Propose a date by which the evidence and the guideline should be updated. This may be specific to each recommendation. |
| - Be easy to find
  - Ideally be free of charge to the end user
  - Be clearly structured, easy to navigate and in plain English
  - Be available online. |

1.2. Position papers

Position papers present TSANZ positions on:

1. Clinical practice, especially in the areas of emerging diagnostic and therapeutic modalities where insufficient data exists to write a formal clinical guideline.
2. Public health policy, including health service delivery and government policy.
3. Clinical and basic science research relevant to the area of respiratory medicine.

Recommendations for clinical practice cannot be made in a position paper, although suggested approaches to clinical care can be outlined.

2. Requirements for TSANZ documents:

2.1. Requirements for TSANZ Clinical Practice Guidelines

Requirements for TSANZ guidelines are:

1. The purpose of the guideline is clearly stated, including the intended users and the population of interest.
2. A systematic review of the literature is conducted, which includes:
   i. A documented methodology for the review
   ii. Appropriate research / clinical questions in PICO format
   iii. Inclusion and exclusion criteria clearly stated
   iv. The search strategy is documented, including the search period
   v. Systematic synthesis and grading of quality of the body of evidence for each clinical question
   vi. The link between evidence and guideline recommendations is clearly documented
3. The recommendations are graded in accordance with the GRADE system (or equivalent for international collaborative guidelines)
4. Consumer representatives are included on the guideline development group
5. The guideline development group includes representatives from a range of professions and disciplines that are relevant to the scope of the guideline
6. There is evidence of peer review external to the guideline development group
7. A dissemination plan for the guideline is clearly described
8. The expiry date for the guideline is stated
9. A list of members of the guideline development group is included
10. A conflict of interest statement for each of the members of the guideline development group is included.

2.2. Requirements for TSANZ Position Papers

1. The purpose of the position paper is clearly stated, including the intended users and the population of interest
2. The position paper development group includes representatives from a range of professions and disciplines that are relevant to the scope of the position paper
3. Consumer representatives are included on the position paper development group
4. There is evidence of peer review external to the position paper development group
5. A dissemination plan for the position paper is clearly described
6. The expiry date for the position paper is stated
7. A list of members of the position paper development group is included
8. A conflict of interest statement for each of the members of the position paper development group is included.

The developers of a position paper may choose to include a systematic review and formal assessment of the quality of evidence, however this is not mandatory. A clear statement on the evidence that has been used, how this has been sourced and evaluated, and how conclusions have been made should be included.
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2.3. Evidence used in clinical guidelines

It is anticipated that TSANZ guidelines and position papers will be read and considered by a broad audience including the membership of the society, but also other professionals, other professional bodies, government and non-government agencies. From that perspective it is clearly preferable that a consistent approach to assessing the quality of evidence and the strength of recommendations is applied. At this stage a standard approach has not been adopted by the NHMRC. In the interim the TSANZ will recommend that for guidelines (and where applicable position papers) that a system of assessment of both the evidence and the strength of recommendations be used. The recommendation currently is to use the GRADE system, as it is internationally recognised, clearly defines the difference between evidence and recommendations and specifies a transparent system for moving from evidence to recommendation (1-4).

3. Process for developing a TSANZ document

3.1. Development of a TSANZ document may occur in one of two ways:

1. Request from the Clinical Care and Resources Subcommittee (CCRS) to a TSANZ Special Interest Group (SIG) to develop a document in an area of TSANZ priority. In this instance, the SIG will be asked to nominate a project leader to liaise with the CCRS, as well as a project team. A call for expressions of interest for the writing group may be made to the broader TSANZ membership.

2. TSANZ SIG puts forward a proposal for a new TSANZ document to the CCRS. This should occur in writing via a letter to the chairperson of the CCRS, outlining the rationale for the document, the proposed project leader and project team, proposed document type and the proposed timelines and collaborations. A call for expressions of interest for the writing group may be made to the broader TSANZ membership.

The CCRS and SIG will work together to achieve agreement on the scope and format of the new document.

3.2. Document development

It is the responsibility of the project team to develop the new TSANZ document and group membership should encompass the range of skills required for this task. Where the group feel that they do not have the required skills amongst their membership (eg systematic review skills) the CCRS will assist the group to access these skills amongst the broader TSANZ membership.

Occasionally the TSANZ Board may approve funding for a specialist librarian or medical writer to assist with the document development process, where the document is considered a priority for the Society. The Board will evaluate all requests for such assistance on a case by case basis.

Word limit for TSANZ documents will depend on the purpose of the document and plans for publication. Please contact the CCRS chair to discuss this at the beginning of the process.
3.3. Conflict of interest
All members of the writing committee will need to sign the TSANZ conflict of interest statement in reference to the guideline/position paper, prior to being accepted to write the document. The CCRS will review the nomination of authors and review their conflict of interest statement. They will then recommend the authors to the TSANZ Board for final approval. The lead author of the guideline/position paper will be responsible for determining that conflict of interest statements are kept up to date. A statement of conflict of interest will be included in all publications.

3.4. Timelines and reporting
Prior to commencement, document developers will be required to specify timelines and a projected completion date for the new document. Project leaders will be required to report on the progress of the document to the CCRS in writing every six months.

3.5. Peer review
The final draft of the document will be reviewed by the CCRS members and by content experts as requested by the CCRS. Content experts will usually be drawn from the relevant TSANZ SIG, with SIG convenors asked to nominate individuals with appropriate expertise. The CCRS may source reviewers external to the Society for their content expertise if this is deemed necessary.

3.6. Publication
In order to enhance access to TSANZ guidelines and position papers, all documents will be made available via the Thoracic Society website, either in full or as a link to the publication. TSANZ may assert copyright ownership over guidelines we commission.

The publication plan for TSANZ documents will be decided by the TSANZ Board, with recommendations provided by CCRS. It may be published in a journal in addition to being made available on the TSANZ website. When a clinical practice guideline or position paper is published in a journal it may be made available as Open Access, subject to Board approval, with the Thoracic Society accepting the cost for this dependent upon reasonable negotiation with the authors and publisher. The Journal Respirology will first be considered for all publications, unless another agreement has been reached between the CCRS and the document developers.

3.7. Update
All TSANZ documents will be endorsed for a period of five years, unless agreed otherwise during the review process. Prior to five years, the CCRS will ask the relevant SIG and/or the document authors to review the document for currency and the need for updating.

4. TSANZ endorsement of guidelines developed by other groups
The TSANZ is keen to partner with other national and international organisations to ensure that relevant clinical practice guidelines are available to Australians and New Zealanders. The CCRS welcomes applications for endorsement of guidelines from document developers outside the TSANZ.

Document developers are encouraged to notify the CCRS of their intention to request endorsement early in the guideline development process, to ensure that TSANZ requirements for
endorsement can be met prior to publication. TSANZ members who are involved in developing
documents for external bodies are encouraged to liaise with the CCRS, to determine whether
TSANZ endorsement might be relevant.

The following criteria will be evaluated when considering external guidelines for endorsement:

1. Whether the guideline is relevant to the Australian and New Zealand health care setting
2. Whether a TSANZ guideline or position paper already exists in this area
3. Whether the guideline development group included a TSANZ member
4. Whether the development process has met the document requirements of the external
developing body and which are consistent with the principles outlined for the development
of TSANZ guidelines.
5. Whether the TSANZ has had opportunity to review and provide feedback on the document
prior to publication
6. Whether the document has been peer reviewed.

External guideline developers should write to the chairperson of the CCRS to commence the
process of endorsement.

References

   emerging consensus on rating quality of evidence and strength of recommendations. Bmj. 2008
   grid to reach decisions on clinical practice guidelines when consensus is elusive. Bmj. 2008;
   assessing the quality of evidence for diagnostic recommendations. ACP journal club. 2008 Dec
   assessing the quality of evidence for diagnostic recommendations. Evidence-based medicine.

Authors

This document was developed and written by the Clinical Care and Resources Sub-Committee of
the TSANZ.

Version 1 Endorsed by TSANZ Board: 6 June 2014

This policy was updated by the Research and Policy Coordinator, Dr Hayley See in October 2015.

Version 2 Endorsed by TSANZ Board: 20 October 2015
PUBLICATIONS POLICY

This policy was updated by the CCRS and Clinical Administration Officer, Ivana Garner, in December 2018

**Version 3 Endorsed by TSANZ Board:** 15 February 2019

**Review:** October 2021